

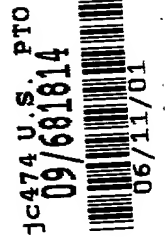
Electronic Filing System (EFS) Data
Electronic Patent Application Submission
USPTO Use Only

EFS ID: 11616
Application ID: 09681814
Title of Invention: Dual Function Bailer
First Named Inventor: David Pratt
Domestic/Foreign Application: Domestic Application
Filing Date: null
Effective Receipt Date: 2001-06-11
Submission Type: Utility Patent Filing
Filing Type: new-utility
Confirmation Number: 0
Attorney Docket Number: 1053.18
Digital Certificate Holder: cn=Anton John Hopen, ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S. Government, c=US
Certificate Message Digest: 3cXimIZvo0657swSox//WA==
Total Fees Authorized: \$355.0
Payment Category: CC - Credit Card
Credit Card Number: *****2000
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RAM Accounting Date: 2001-06-11
RAM Sequence Number: 299240
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09681814-061101

TRANSMITTAL FORM



Electronic Version 1.0.2

Stylesheet Version: 1.0

Attorney Docket Number: 1053.18

Dual Function Bailer

First Named Inventor: David W. Pratt

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Attached Files:

bibd-transmittal	1053bapds.xml
fee-transmittal	1053bfec.xml
specification	Spec.xml
declaration	Dec01.tif
declaration	Dec02.tif

Attached Image File(s):

Dec01.tif
Dec02.tif

0903104-01104

Comments:

1. Name, Sex, Age, Height, Weight, Date of Birth, Date of Examination	
1. Name	2. Sex
3. Age	4. Height
5. Weight	6. Date of Birth
7. Date of Examination	
2. Presenting Complaint	
8. Chief Complaint	9. History of Present Illness
10. Past Medical History	11. Past Surgical History
12. Family History	13. Social History
14. Review of Systems	15. Physical Examination
16. Laboratory Investigations	17. Imaging Studies
18. Pathology Results	19. Specialist Consultations
20. Medication History	21. Patient Education
22. Follow-up Plan	23. Discharge Summary
24. Referral Letter	25. Patient Consent
26. Informed Consent	27. Patient Assessment
28. Clinical Notes	29. Patient History
30. Physical Examination	31. Laboratory Tests
32. Imaging Results	33. Specialist Referral
34. Medication List	35. Patient Education
36. Follow-up Plan	37. Discharge Summary
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40. Informed Consent	41. Patient Assessment
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128. Physical Examination	129. Laboratory Tests
130. Imaging Results	131. Specialist Referral
132. Medication List	133. Patient Education
134. Follow-up Plan	135. Discharge Summary
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188. Medication List	189. Patient Education
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248. Referral Letter	249. Patient Consent
250. Informed Consent	251. Patient Assessment
252. Clinical Notes	253. Patient History
254. Physical Examination	255. Laboratory Tests
256. Imaging Results	257. Specialist Referral
258. Medication List	259. Patient Education

(ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL,
CONTINUATION, OR C-I-P)

TYPE OF DECLARATION

INVENTORSHIP IDENTIFICATION

TITLE OF INVENTION

SPECIFICATION IDENTIFICATION

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

POWER OF ATTORNEY

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Registration Number 28,761
Registration Number 46,920

(Declaration and Power of Attorney—page 1 of 2)

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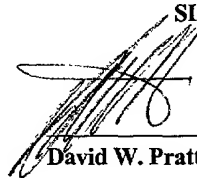
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DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

SIGNATURE

Inventor's signature



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June 11, 2001

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(Declaration and Power of Attorney—page 2 of 2)

FEE TRANSMITTAL

Electronic Version 1.0.4

Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October 1st of each year.

Small Entity

Independent Inventor

TOTAL FEES AUTHORIZED: \$ 355

BANK (CREDIT) CARD INFORMATION:

Credit Card Number: 2000
Expiration Date: 20020531
Authorized Name: Anton J. Hopen
Billing Address: 33760

BASIC FILING FEE

Fee Description	Fee Code	Fee Paid
Utility Filing Fee	201	\$ 355

Subtotal For Basic Filing Fee: \$ 355

EXTRA CLAIM FEES

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 12	203	\$ 9	0	\$ 0
Independent Claims: 1	202	\$ 40	0	\$ 0

Subtotal For Extra Claims Fees: \$ 0